(b) if so. whether this has ben made compulsory only for medicines meant for exports; and

(c) if so, the reasons for which domestic indian users of such medicines have been ignored for availing of likely benefit, if any, while finding heavy metals in such products?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The Central Government has issued an order on October 14, 2005 under the Drugs and Cosmetics Act, 1940 to be effective from January 1,2006 providing for mandatory testing for heavy metals, namely, arsenic, lead, mercury and cadmium in respect of purely herbal Ayurveda, Siddha and Unani medicines which are to be exported. This measure has been taken to meet the requirements of importing countries and to protect India's exports of Ayurveda, Siddha and Unani medicines. Mandatory testing for heavy metals for Ayurveda, Siddha and Unani Medicine to be consumed with the country would involve creation of inhouse testing facilities like acquisition of Atomic Absorpotion Spectrometer by a large number of small and medium Ayurveda, Siddha and Unani drugs manufacturing companies which will not be able to acquire capital intensive equipment like Atomic Absorption/ Spectrometer for testing of Ayurveda, Siddha and Unani medicines for heavy metals. Mandatory testing for heavy metals in purely herbal drugs can be introduced only in phases and not in one go.

The Central Government has already notified Good Manufacturing Practices (GMP) under Schedule T of the Drugs & Cosmetics Rules, 1945 with a view to improve and upgrade the infrastructure of manufacturing units engaged in production of Ayurveda, Siddha and Unani medicines.

Self-financed medical colleges

1897. PROF. P.J. KURIAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of self-financed medical colleges in Kerala and the total number of M.B.B.S. seats available in Kerala approved by M.C.I;

(b) whether there is any quota for State/Central Government from the above seats;

(c) if not, the reasons therefor;

(d) whether the Kerala Government has requested for legislation to ensure a quota for the State government;

(e) if so, the details thereof; and

(f) Government's reaction thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) 15 Medical colleges are functioning inKerala out of which 8 are private medical college. Total intake in these medical colleges is 1650 per year.

(b) to (f) Presently admission process is being managed in view of the Hon'ble Supreme Court of India in its judgment dated 14.8.2003 in case of Islamic Academy of Education wherein it has been clarified that the State Government may prescribe percentage of seats in private medical college which can be filled by the management. The remaining seats are to be filled up as per merit through Common Entrance conducted by State Agency. However, as per the latest observations of the Hon'ble Supreme Court in judgement given in case of PA Inamdar Vs. State of Maharashtre, the Court has observed that there cannot any reservation in those institutions which are fully funded by private entitied. In view of the judgment the Government is in the process of bringing in a legislation for regulating admission and fee structure in private medical institutions.

Health care system in Karnataka

1898. SHRI K.B. KRISHNA MURTHY: Will the Minister of HEALTH AND FAMILY WEFLARE be pleased to state:

(a) the steps taken or proposed to be taken to upgrade the healthcare system in Karnataka;

(b) the amount proposed to be spent in this regard;

(c) whether there is any proposal to upgrade the PHCs to the status of Community Health Centres(CHCs)in Karnataka; and

(d) if so, the number of PHCs that will be upgraded to the status of Community Health Centres?